

EXHIBIT A

EXHIBIT A1

HCDistrictclerk.comSAXON, STACEY vs. LINCOLN NATIONAL LIFE
INSURANCE COMPANY (THE)

6/2/2016

Cause: 201617522 CDI: 7 Court: 295

APPEALS

No Appeals found.

COST STATEMENTS

No Cost Statments found.

TRANSFERS

No Transfers found.

POST TRIAL WRITS

No Post Trial Writs found.

ABSTRACTS

No Abstracts found.

SETTINGS

No Settings found.

NOTICES

No Notices found.

SUMMARY**CASE DETAILS**

File Date	3/17/2016
Case (Cause) Location	Civil Intake 1st Floor
Case (Cause) Status	Active - Civil
Case (Cause) Type	Insurance
Next/Last Setting Date	N/A
Jury Fee Paid Date	N/A

COURT DETAILS

Court	295 th
Address	201 CAROLINE (Floor: 14) HOUSTON, TX 77002 Phone:7133686450
JudgeName	CAROLINE BAKER
Court Type	Civil

ACTIVE PARTIES

Name	Type	Post Jdgm	Attorney
SAXON, STACEY 901 KOBAYASHI ROAD, WEBSTER, TX 77598	PLAINTIFF - CIVIL		HERREN, WILLIAM. C
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE) 211 EAST 7TH STREET, AUSTIN, TX 78701	DEFENDANT - CIVIL		
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE) CAN BE SERVED BY SERVING	REGISTERED AGENT		

INACTIVE PARTIES

No inactive parties found.

JUDGMENT/EVENTS

Date	Description	Order Signed	Post Jdgm	Pgs Volume /Page	Filing Attorney	Person Filing
3/17/2016	ORIGINAL PETITION			0	HERREN, WILLIAM. C	SAXON, STACEY

SERVICES

Type	Status	Instrument	Person	Requested	Issued	Served	Returned	Received	Tracking	Deliver To
CITATION (CERTIFIED)	SERVICE RETURN/EXECUTED	ORIGINAL PETITION	LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE) CAN BE SERVED BY SERVING	3/17/2016	5/4/2016	5/16/2016	5/18/2016		73243326	CVC/CTM SVCE BY CERTIFIED MAIL

DOCUMENTS

Number	Document	Post Jdgm	Date	Pgs
70346377	Domestic Return Receipt		05/18/2016	1
70295926	Certified Mail Receipt		05/13/2016	1
70344451	CERTIFIED MAIL TRACKING NUMBER 7014 1820 0001 6307 9207		05/04/2016	1
69446950	Plaintiffs Original Petition		03/17/2016	4

EXHIBIT A2

CAUSE NO. _____

Stacey Saxon
Plaintiff

vs.

The Lincoln National Life Insurance
Company
Defendant

§ **IN THE DISTRICT COURT**
§
§
§
§ **OF HARRIS COUNTY TEXAS**
§
§
§ _____ **JUDICIAL DISTRICT**

PLAINTIFF'S ORIGINAL PETITION

Plaintiff Stacey Saxon alleges as follows:

Discovery Control Plan

1. Plaintiff is a resident and citizen of Harris County, Texas.
2. Defendant is an insurer engaged in the business of insurance in Texas and can be served by serving its Registered Agent for Service of Process as follows:

Corporation Service Company
211 East 7th Street, Suite 620
Austin, Texas 78701-3218

The Nature of this suit.

3. This suit is brought to recover damages for breach of an agreement to pay disability benefits pursuant to a contract or policy of insurance (“the Policy”) and for statutory damages. The Policy, identified as Policy Number 00085000813300000, was issued to Plaintiff’s employer, Galveston County, by Defendant.

BREACH OF CONTRACT

4. Plaintiff is covered by and is a beneficiary of the Policy.
5. All conditions precedent to bringing this suit have been performed or have occurred.

Any notice required by the Policy has been made or has been waived by Defendant.

6. Plaintiff has fully performed her obligations under the terms of the Policy.
7. Plaintiff is disabled due to disease.
8. Defendant breached its contractual obligations under the Policy by failing to pay and refusing to pay benefits due to Plaintiff pursuant to the terms of the Policy.
9. Defendant's actions show a fixed intention to abandon, renounce, and refuse to perform the contract without just cause.

STATUTORY DAMAGES PURSUANT TO TEXAS INSURANCE CODE

10. Plaintiff asserts her cause of action pursuant to Tex. Ins. Code § 541.151 against Defendant. She alleges that Defendant engaged in an act or practice defined by Tex. Ins. Code, Chapter 541, Sub-chapter B, to be an unfair method of competition or an unfair or deceptive act or practice in the business of insurance. Plaintiff alleges that Defendant engaged in one or more of the practices enumerated in Tex. Ins. Code §§ 541.060 and 541.061, namely ...

11. § 541.060. Unfair Settlement Practices

- a. misrepresenting to claimant a material fact or policy provision relating to coverage at issue [541.060 (a) (1)];
- b. failing to attempt in good faith to effectuate a prompt, fair, and equitable settlement of Plaintiff's claim with respect to which the insurer's liability has become reasonably clear [541.060 (a)(2)(A)];
- c. failing to promptly provide to a policyholder a reasonable explanation of the basis in the policy, in relation to the facts or applicable law, for the insurer's denial of a claim or offer of a compromise settlement of a claim [541.060 (a)(3)];
- d. refusing to pay a claim without conducting a reasonable investigation with respect to the claim [541.060 (a)(7)]; and

12. § 541.061. Misrepresentation of Insurance Policy

- a. making an untrue statement of material fact [541.061 (1)];
- b. failing to state a material fact necessary to make other statements made not misleading, considering the circumstances under which the statements were made [541.061 (2)];

c. making a statement in a manner that would mislead a reasonable prudent person to a false conclusion of a material fact [541.061 (3)];

d. making a material misstatement of law [541.061 (4)].

13. Pursuant to Tex. Ins. Code § 541.152 Plaintiff alleges that Defendant knowingly committed one or more of the act or acts alleged herein and proscribed by Tex. Ins. Code §§ 541.060 and 541.061. For purposes of this allegation the term “knowingly” is defined by Tex. Ins. Code § 541.002 (1).

14. Plaintiff alleges that Defendant received all items, statements, and forms that were reasonably requested and required by Tex. Ins. Code § 542.055 and that Defendant delayed payment of her claim for a period exceeding that stated in Tex. Ins. Code § 542.058 (a). She asserts her cause of action pursuant to Tex. Ins. Code §§ 542.058 and 542.060 for statutory damages and associated fees for delay in payment of her claim.

STATUTORY DAMAGES PURSUANT TO TEXAS BUSINESS
AND COMMERCE CODE, DECEPTIVE TRADE PRACTICES ACT

15. Plaintiff asserts her cause of action pursuant to Texas Business and Commerce Code, §17.50. She alleges that one or more proscribed actions of Defendant is a producing cause of economic damages or damages for mental anguish, namely

a. unconscionable action or course of action [§17.50 (a)(3)];

b. the act(s) or practice(s) proscribed by Tex. Ins. Code §§ 541.061 and 541.061 and alleged herein [§17.50 (a) (4)].

16. Pursuant to Texas Business and Commerce Code §17.50 (b) (1) Plaintiff alleges that Defendant committed the alleged conduct knowingly and intentionally as those terms are defined in § 17.45 (9) and (13), respectively.

Request for relief.

17. Damages: Plaintiff has incurred damages, both past and future, because of Defendant’s breach of contract and because of Defendant’s refusal to perform the contract without just excuse, all of which she will prove.

18. Plaintiff has incurred statutory damages pursuant to Texas Insurance Code due to Defendant’s

Unfair Settlement Practices;
Misrepresentation of Insurance Policy;
Knowing commitment of the alleged act(s) alleged; and
Delay in payment of her claim.

19. Plaintiff has incurred statutory damages pursuant to Texas Business and Commerce Code, Deceptive Trade Practices Act, due to Defendant's

Commitment of one or more proscribed actions as alleged; and
Commitment of the alleged conduct knowingly and intentionally.

20. Interest: Plaintiff is entitled to pre-judgment and to post-judgment interest.

21. Attorney fees: Because of Defendant's refusal to make payments pursuant to the Policy and other actions as alleged Plaintiff was obliged to engage an attorney to assist her in obtaining the benefits due to her; she claims attorney fees pursuant to Texas law, both Civil Practices and Remedies Code § 38.001 (8) and Texas Insurance Code § 542.060 and any other provision of Texas law. Plaintiff claims costs of suit and for such other relief as she is entitled.

Wherefore, Premises Considered, Plaintiff requests that she have judgment against Defendant for damages, statutory damages, pre-judgment interest, post-judgment interest, attorney fees, costs, and all other relief to which she may be entitled.

s/s

William C. Herren
SBN 09529500
6363 Woodway, Suite 825
Houston, Texas 77057
(713) 682-8194
(713) 682-8197 Fax
billh@herrenlaw.com
March 16, 2016

EXHIBIT A3

CONFIRMED FILE DATE: 5/13/2016

14-17522

FILED

Chris Daniel
District Clerk

MAY 13 2016

Time: _____
Harris County, Texas

By _____
Deputy

7014 1820 0001 6307 9207

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage	\$ 1.15
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	7.15

RECEIVED
MR
Postmark
MAY 13 2016
Chris Daniel
District Clerk

2016
17522
2016

LINCOLN NATIONAL LIFE INSURANCE COMPANY
C/O
CORPORATION SERVICE COMPANY
211 EAST 7TH STREET SUITE 620
AUSTIN, TX 78701-3218

See Reverse for Instructions

RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging.

EXHIBIT A4

Tracking # 1004 1320 0001 6307 9207

WC

CONFIRMED FILE DATE: 5/4/2016

CAUSE NO. 201617522

RECEIPT NO.	75.00	CTM
*****		TR # 73243326
PLAINTIFF: SAXON, STACEY	In The 295th	
VS.	Judicial District Court	
DEFENDANT: LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	of Harris County, Texas	
	295TH DISTRICT COURT	
	Houston, TX	

CITATION (CERTIFIED)

THE STATE OF TEXAS
County of Harris

TO: LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE) CAN BE SERVED BY SERVING
ITS REGISTERED AGENT CORPORATION SERVICE COMPANY
211 EAST 7TH STREET SUITE 620 AUSTIN TX 787013218

Attached is a copy of PLAINTIFF'S ORIGINAL PETITION

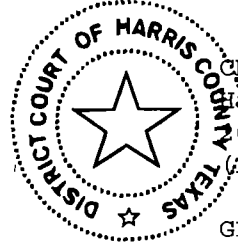
This instrument was filed on the 17th day of March, 2016, in the above cited cause number and court. The instrument attached describes the claim against you.

YOU HAVE BEEN SUED, You may employ an attorney. If you or your attorney do not file a written answer with the District Clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of 20 days after you were served this citation and petition, a default judgment may be taken against you.

TO OFFICER SERVING:

This citation was issued on 4th day of May, 2016, under my hand and seal of said Court.

Issued at request of:
HERREN, WILLIAM. C
6363 WOODWAY DR., SUITE 825
HOUSTON, TX 77057
Tel: (713) 682-8194
Bar No.: 9529500



Chris Daniel
CHRIS DANIEL, District Clerk
Harris County, Texas
601 Caroline Houston, Texas 77002
(P.O. Box 4651, Houston, Texas 77210)

GENERATED BY: EVANS, BONISHA EBONY CIV//10336785

CLERK'S RETURN BY MAILING

Came to hand the _____ day of _____, _____, and executed by mailing to Defendant certified mail, return receipt requested, restricted delivery, a true copy of this citation together with an attached copy of PLAINTIFF'S ORIGINAL PETITION to the following addressee at address:

ADDRESSEE

ADDRESS

Service was executed in accordance with Rule 106(a) (2) TRCP, upon the Defendant as evidenced by the return receipt incorporated herein and attached hereto at _____

on _____ day of _____, _____
by U.S. Postal delivery to _____

This citation was not executed for the following reason: _____

CHRIS DANIEL, District Clerk
HARRIS COUNTY, T E X A S

By _____, Deputy



RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging


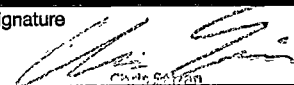
EXHIBIT A5

16-17522

FILEDChris Daniel
District Clerk

MAY 18 2016

Time: _____
Harris County, TexasBy _____
Deputy

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>LINCOLN NATIONAL LIFE INSURANCE COMPANY C/O CORPORATION SERVICE COMPANY 211 EAST 7TH STREET SUITE 620 AUSTIN, TX 78701-3218</p> <p>2016-17522 295th</p>  <p>9590 9402 1377 5285 4222 44</p> <p>7014 1820 0001 6307 9207</p>	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery MAY 16 2016</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery</td> <td></td> </tr> </table> <p>(over \$500)</p>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Mail Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> Mail Restricted Delivery															

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

RECORDER'S MEMORANDUM
This instrument is of poor quality
at the time of imaging.

CONFIRMED FILE DATE: 5/18/2016